STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155596	A. BUILDING 01 B. WING	06/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND SKILLED NURSING AND REHABILITATION	500 N WILLIAMS ST ANGOLA, IN46703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/17/10 Facility Number: 000474 Provider Number: 155596 AIM Number: 100290510 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Lakeland Skilled Nursing and Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111)	K0000	This Plan of Correction is the center's credible allegation of compliance.Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts al-leged or conclusions set forth in thestatement of deficienceis. The plan of correction is prepared and/or executed solely because it is required by theprovisions of federal and state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and all resident rooms on the 300 hall. The facility has a capacity of 75 and had a census of 69 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/21/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0130 SS=E	OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, record review and interview; the facility failed to ensure the care and maintenance of 1 of 1 rolling fire doors was in accordance with NFPA 80. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be	K0130	It is the policy of this facility toensure the care and maintenanceof all horizonal and vertical sliding and rolling firedoors and to maintain written records ofthe maintenance and inspectionof the doors.The rolling fire door located be- tween the kitchen and the dining room was inspected on 6-29-11and is in proper working order.(see Attahment A)The rolling fire door was added to the monthly fire drill	07/13/2011

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	inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect any resident, staff or visitor in the main dining room. Findings include: Based on observation with the Maintenance Supervisor on 06/17/11 at 12:30 p.m., there was a rolling fire door protecting the opening from the kitchen to the main dining room. The rolling fire door was in a corridor wall and did close upon activation of the fire alarm. Based on interview with the Maintenance Supervisor at 1:30 p.m., there was no documentation of an annual inspection, or test, to check for proper operation. 3.1-19(b)		form to be monitored during each active fire drill for proper functioning. Anymalfunction reported to the Main-tenance department and will be re-paired immediately.(See Attachment B)All Department Managers and Dietary Staff were inserviced on6-30-11 about the proper releaseand resetting of the release mech-anism of the rolling door.(See Attachment C)Copies of the fire drill reportswill be submitted to the SafetyCommittee each month forreview.The Safety Committee will presenttheir findings to the QA Committee for review at their meetings. The QA committee is responsible to theAdministrator.	

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